



Incident Report

Print Date/Time: 07/20/2016 10:45
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00008802

Incident Date/Time: 5/9/2016 9:30:55 PM
Location: SR 9 NE / SR 204
LAKE STEVENS WA 98258
Phone Number:
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19N1	SS0075-Christensen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
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Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E542182**CASE # **16-00008802**LOCAL AGENCY
CODING **0664**TOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **05** - **09** - **2016** **2130** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**STATE ROUTE 9**BLOCK NO. ☐MILE POST ☐

DISTANCE

OF (REFERENCE OR CROSS STREET)

☐ MILES ☐ N ☐ E ☐ S ☐ W **STATE ROUTE 204**

UNIT 01MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 3609133565LAST NAME **BENBOW**FIRST NAME **MICHAEL**MIDDLE
INITIAL **J**STREET
NEW ADDRESS ☐**3700 MISSION BEACH RD**CITY **TULALIP**ST **WA**ZIP **982719721**

CDL

RESTRICTIONS **B**

ENDORSEMENTS

DRIVER'S
LICENSE # **BENBOMJ48100**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **09** - **20** - **1952**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **AAL6764**STATE **WA**VIN# **5NMSG73D09H324753**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2009**MAKE **HYUN**MODEL **SANTAF**STYLE **UT**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **MICHAEL BENBOW 3921 62ND ST NW TULALIP WA 98271**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **PEMCO CA 0554450**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1

SHADE IN DAMAGED AREA

**UNIT 02**MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4253503218LAST NAME **GEPNER**FIRST NAME **KELLY**MIDDLE
INITIAL **R**STREET
NEW ADDRESS ☐**11406 184TH DR NE**CITY **GRANITE FALLS**ST **WA**ZIP **982529685**

CDL

RESTRICTIONS

ENDORSEMENTS **L**DRIVER'S
LICENSE # **GEPNEKR331RU**STATE **WA**SEX **M**D.O.B.
MMDDYYYY **12** - **31** - **1967**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS **1**

NATURE OF INJURIES

LICENSE
PLATE # **146ZCU**STATE **WA**VIN# **1FAFP33P01W167110**TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR **2001**MAKE **FORD**MODEL **FOC4D**STYLE **4D**VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

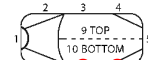
GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **WENDY GEPNER PO BOX 844 GRANITE FALLS WA 98252**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **HALLMARK INS 046-120501-00**VEHICLE
LEGALLY
STANDING YES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2

SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)
C. CHRISTENSENBADGE OR ID #
0075AGENCY
WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E542182**CASE # **16-00008802**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		GEPNER WENDY S																
ADDRESS & PHONE # 11406 184TH DR NE GRANITE FALLS WA 982529685										SEX F	D.O.B. MMDDYYYY 11	-	19	-	1970			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		WOODARD DYLAN R																
ADDRESS & PHONE # 11406 164TH DR NE GRANITE FALLS WA 98252										SEX U	D.O.B. MMDDYYYY 03	-	23	-	2004			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	5	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

Unit 2 was making a left turn in the outside turn lane of SR 204 to northbound SR 9. Unit 1 was in the inside left turn lane on SR 204 for northbound SR 9. Unit 1 did not think he was in a turn lane and when the turn green he drove straight while Unit 2 proceeded to make its left turn. Unit 1 front right bumped collided with Unit 2 drivers side and rear bumper area.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. CHRISTENSEN		05-10-16 01:49 AM	
INVESTIGATING OFFICER'S SIGNATURE	UNIT OR DIST. DET	DATED	PLACE SIGNED
APPROVED BY R. BROOKS 0013		DATE 5/11/2016 2:40:13 AM	
BADGE OR ID #	0075	ORI #	WA0311900
TIME POLICE DISPATCHED		9:30 PM	
TIME POLICE ARRIVED		9:30 PM	

REPORT NO. E542182

CASE # 16-00008802

DATE AND TIME
OF COLLISION 05/09/16 21:30

